

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Training Registration

for currently certified peers

The Certified Peer Recovery Specialist Training is provided free; however, you will be responsible for your own transportation, lodging, meals, beverages, and snacks. In addition, training spots are limited. If you are not able to attend, call asap so that someone from the waiting list can take your spot. This form is for peers who are currently certified. If your certification has lapsed, please use the application form found on the state web site at this link: http://www.tn.gov/assets/entities/behavioral-

health/mh/attachments/Certified Peer Recovery Specialist Training Application 7 pages 11302015.pdf

Preferred training location (City)	Second Choice		
Name(For Trai	ning Certificate)	тс	oday's Date
Address	Date of Birth		
City, State, ZIP		_ Education level	
Phone (with area code	Gender		
Lived Experience as a Peer: (Please Check One) Mental Health	Substance Use	Co-occurring
Email (required)		Are you a Ve	teran? YesNo
CPRS Certification Number 000 (locate	ted on your certifica	ate) Social Security Numbe	r
Persons with a disability who require accommon corrected by the request or discuss accommodation will be made to provide accommodation	commodations. WI		
If you are currently employed, your supervisor training. Training spots are limited. If you are r			
Supervisor's Name	Signa	ture	
Title			
Agency/Organization			
Supervisor's Phone (with area code)			
Supervisor's Email			
Once complete, fax, email, or mail your registr	ation to:		

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 5th Floor

500 Deaderick Street Nashville, Tennessee 37243

Phone: 615-741-7693 Fax: 615-253-3920

Email: cprs.tdmhsas@tn.gov